Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift bequest or several.

FORM-GBG

Gift, Bequest, or Grant information
received by a department or
accepted by the Governor on behalf
of the state

Indexed _	or office use only	
Audited		
Checked_		
Computer		

DEPARTMENT OF OFFICE TERMINARY	Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, O	OR GRANT:
Governor's Office	
Name of Department or Office 1007 E. Grand	
Mailing Address	es Moines, Iowa 50319
S15/281-5211 CIT	ty, State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	E:
Deborali Svec-Carstens	
Name	
Mailing Address (if different from above)	
deborab.svec-carstens@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
	, (ii different from above)
DNOR OF GIFT, BEQUEST, OR GRANT:	
Ameristar Casino	
lame	
2200 River Road Council Bluffs 1A 51501	
0.75	
only, diate, zip code	2 29 08 \$ 228.00
712/328-8888	
rea Code & Telephone Number	Date of Gift, Bequest, or Grant Amount/Value*
	*value is defined as "fair market value" of item as determined by
mail Address (optional)	receiving department or office. If no value mark "0.00".
rovide a description of the gift, bequest, or grant and purpose thereof:	
The gift of six casino style bar stools to be used in the I	OCI Gaming Lab.
riteria to use this form:	7
ereint of any giff haquant, as acceptable	
eceipt of any gift, bequest, or grant that is received by any department of th	ne state or received by the Governor on behalf of the state.
	80
ement of Affirmation:	
borah Svec-Carstonsaffirm that the gift, bequest, or grant reported ab	pove is accurate. I further affirm that the information concerning the
and assessment of the fair market value (if applicable) is correct and true	to the best of my knowledge.
	Pro-
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half to	Fohmun
libral X I-Co	February 29, 2008
Signature Signature	February 29, 2008

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FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

	office use only
Indexed	
Audited	*
Checked	
Computer	

DEPARTMENT OF OFFICE DECENTING THE OUT PROJECT OF SOLVE

Governor's Office	
	Des Moines, lowa 50319
315/281-5211	ity, State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	PE:
Deborah Svec-Carstens	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
deborah.svec-carstens@iowa.gov Email Address	Area Code & Tologhara Number (6 different 6
- Indi Autos	Area Code & Telephone Number (if different from above)
ONOR OF GIFT, BEQUEST, OR GRANT:	
Jensen Builders LTD.	
Name	
Box 621 Fort Dodge, Iowa 50501	
Mailing Address City, State, Zip Code	2/29/08 \$ 100.00
515/573-3292	Date of Gift, Bequest, or Grant Amount/Value*
vea Code & Telephone Number	value is defined as "fair market value" of item as determined by
	receiving department or office. If no value mark "0.00".
11 A A A	
mail Address (optional)	
Provide a description of the gift, bequest, or grant and purpose thereof:	
	on Program.
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Provide a description of the gift, bequest, or grant and purpose thereof:	
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